

ECS Configuration Change Request

Page 1 of 1 Pages

CCR No. 97-0039	Logged Date 1/13/97	Rev. -	Request Type CCR	
Priority Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release B		Change Class II	
Title (description) Additional BX License Transfer to Arlington Texas				
Documents Affected None		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference None		
RTM Change <input type="checkbox"/>	Start New Baseline <input type="checkbox"/>			
Problem To support ECS coding efforts, 2 additional BuilderXcessory licenses are needed in Arlington Texas				
Proposed Solution Transfer 2 more licenses, making a total of 4 BX licenses transferred to Arlington Texas. The 2 additional requested licenses will not be pulled from existing installed BX licenses at EDF. EDS has identified 2 available licenses and these 2 licenses should be loaned out to Arlington Texas.				
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ECS Chief Eng <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> Procurement <input type="checkbox"/> QO <input type="checkbox"/> Rel. Dev <input checked="" type="checkbox"/> Rel. A <input type="checkbox"/> Rel. C <input type="checkbox"/> SCDO Arch. <input type="checkbox"/> Science Off <input type="checkbox"/> Security <input type="checkbox"/> Subcontract <input type="checkbox"/> Sys. Eng <input type="checkbox"/> Sys Verf Acpt <input type="checkbox"/>				
Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000)(\$100,000 to \$500,000)(Over \$500,000)				
Schedule: None <input type="checkbox"/> Other <input type="checkbox"/> Additional LOC _____ Man-Months _____ Materials _____				
Originator C. Van Steenberg, Const. Ofc. _____ Signature _____ Date _____				
Office Rel. Dev. _____ Office Manager _____ Mgr. _____ Signature _____ Date _____				
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> CCB Chairperson _____ Signature _____ Date _____				

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